

Application form

This form should be downloaded and printed. You should then complete it in handwriting and return it to us by hand or post, to: Marchpen House, 45-47 Friern Barnet Road, London N11 3EG. Please do not scan it or email it to us. Please ensure you make a paper copy for your own records.

- Complete the form fully
- Answer all questions honestly and truthfully
- Read the declaration and Data Protection Act consent
- Date the form and sign it

Post applied for

Where did you hear about this vacancy?

When would you be available to start?

Would you work full time?

 Yes No

If part time, state preferred days/hours

If offered this position will you continue to have any other employment?

 Yes No

If yes please give details

Do you smoke?

 Yes No

Personal details

Title

Forename(s)

Surname/Family name

Home address

Post code

Country

Home telephone

Work telephone

First mobile phone number

Second mobile phone number

First e-mail address

Second e-mail address

First website address

Second website address

Third website address

Web address of your blog

Date of birth

National Insurance no

Are you legally eligible for employment in the UK in accordance with the Asylum and Immigration Act 1996 (see notes)?

 Yes No

Do you have proof of eligibility to work in the UK?

 Yes No

If so please give work permit number

Do you require a Work Permit to work in the UK?

 Yes No

Do you need to register under the Workers Registration Scheme?

 Yes No

Personal details

Are there any restrictions (restrictive covenants) from your current/previous employer which will affect your ability to work for the company?

Yes No If yes please provide copies

Note: To comply with The Asylum & Immigration Act 1996, if you are invited to attend an interview, you must bring with you the following items of evidence of your eligibility to work in the UK, namely your passport, ID card or other relevant travel document or, if none of these are available, two separate documents such as your full UK birth certificate and a document giving your National Insurance Number, such as a P45, P60 or a pay slip. No offer of employment will be made unless such evidence has been produced.

Are you generally in good health? Yes No

If no please give general details

Are you currently receiving medical treatment? Yes No

If yes please give details

Please give details of your sickness absence from work during the last two years

Do you consider yourself to be disabled? Yes No

Do you have a current clean driving licence? Yes No Private Car HGV/Commercial

If HGV/Commercial, please give class and vehicle

If applicable, please give details of any driving offences currently under endorsement

Give details of any unspent criminal convictions that you may have and are required to disclose in accordance with the exemptions from the Rehabilitation of Offenders Act 1974

If applicable, do you consent to the Company requesting an appropriate disclosures from the Criminal Records Bureau (CRB) to obtain a certificate of any criminal records you may have? Yes No

Employment history

Please list below present and past employment, beginning with your most recent. You may attach further sheets to the form if required

Name and address of present or most recent Employer

Tel no. Type of business

From To Notice period

Starting wage/salary Leaving wage/salary Full or Part time

Temporary or Permanent Job title

Describe your key duties and responsibilities

Reason for leaving/wishing to leave

Name and address of Employer

Tel no. Type of business

From To Notice period

Starting wage/salary Leaving wage/salary Full or Part time

Temporary or Permanent Job title

Describe your key duties and responsibilities

Reason for leaving

Name and address of Employer

Tel no. Type of business

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Describe your key duties and responsibilities

Reason for leaving/wishing to leave

Please describe any other relevant work you have been involved in, e.g. voluntary, freelance, project work, etc

Dates/duration	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Education, qualifications and training

Beginning with the most recent events, please give details of your education, qualifications and training to date

School/Establishment/Organisation	Dates From/To	Qualifications and grades obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

GDC (General Dental Council) Registration Number

Skills and experience (please use a separate sheet if necessary)

Outline your particular skills and experience gained in previous positions, or any activities outside of work that you feel are relevant to the post for which you are applying

Reasons for application

Please set out below the main reasons for your application for this post and what you believe you would bring to it

Seven horizontal text input boxes for reasons for application.

Interests

Give details of any leisure interests or hobbies you have and the depth to which these are pursued which you feel support your application

Seven horizontal text input boxes for interests.

Any other relevant information

Please give any further information which you think may assist us in considering your application

Seven horizontal text input boxes for other relevant information.

References

Please give details of two referees (not relatives), preferably previous employers whom we may contact with regard to your application

Form for two referees with fields for Name, Occupation, Address, Telephone, and Capacity known to you.

Have you any objection to these references being obtained prior to interview? Yes No

Declaration

I declare to the best of my knowledge and belief, the details I have given on the form are correct and that any misrepresentation by me be sufficient grounds for my dismissal if I am employed.

I understand that the Company has the right to check on any experience, achievements, qualifications and skills claimed by me on this form or at interview and agree that such checks may be made by the Company

I give permission for my referees as quoted to be contacted and understand that any offer will be subject to satisfactory references, a probationary period and (if required) a satisfactory medical report.

Data Protection Act 1998

I understand that the Company needs to collect and use certain types of information about employees, in order to operate its business and to fulfil its legal obligations under the Data Protection Act 1998 and that the information I have provided on this application form will be used during the recruitment process and if appointed will be used as part of my personnel records.

I consent to the Company holding such information on file only for as long as it considers necessary to fulfil the purpose for which it was obtained and to process (including disposing and destroying) it in accordance with the eight Data Protection Principles and the other requirements of the Act and any other procedures laid down by the Company for this purpose from time to time.

I understand that the Company will take reasonable precautions at all times to guard information against any unauthorised access and use.

Signed

Date

Voluntary information – equal opportunities

The Company aims to recruit staff solely on suitability for the job and merit. In order to help us monitor our commitment to equality of opportunity it would be helpful if you would complete this section. Any information provided will be used for this purpose only and treated as confidential.

<input type="checkbox"/> White – European	<input type="checkbox"/> Black – Caribbean	<input type="checkbox"/> Black – African	<input type="checkbox"/> Black – American
<input type="checkbox"/> White – American	<input type="checkbox"/> White – Australia/New Zealand	<input type="checkbox"/> Asian – Chinese	<input type="checkbox"/> Asian – Indian
<input type="checkbox"/> Asian – Pakistani	<input type="checkbox"/> Asian – Bangladeshi	<input type="checkbox"/> White – Other	<input type="checkbox"/> Black – Other
<input type="checkbox"/> Other (please specify)	<input type="text"/>		

For office use only

Application form evaluated by Date

Action

1st Stage	INTERVIEW	<input type="checkbox"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or REJECT	<input type="checkbox"/>	or HOLD	<input type="checkbox"/>
2nd Stage	INTERVIEW	<input type="checkbox"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or REJECT	<input type="checkbox"/>	or HOLD	<input type="checkbox"/>
3rd Stage	JOB OFFER	<input type="checkbox"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or REJECT	<input type="checkbox"/>	or HOLD	<input type="checkbox"/>